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2019 TAX ORGANIZER

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Dear Client,

Thank you for choosing our firm to prepare your income tax returns for tax year 2019 and thereafter. This letter confirms the services we will provide.

We will prepare your federal and state returns based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation. We reserve the right to use any banking information you provide to us to debit your bank account(s) in the event you have not paid our fees 30 days after your taxes have been filed.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns and you have read and understood the Disclosure Statement, please sign below and return it to us.

Thank you again for choosing our firm to prepare your tax return. We appreciate your business.

______________________________ ______________
Client Name Date

____
Client Signature

______________________________ ______________
Client Spouse Name Date

____
Client Spouse Signature

As tax practitioners, we receive and collect nonpublic personal information from various forms and statements that you provide. We do not disclose such information unless you instruct us to do so. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

TO BEST SERVE YOU AND MINIMIZE ERRORS, PLEASE TYPE IN ALL DATA USING A PDF READER.
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DISCLOSURE STATEMENT

The Internal Revenue Service and state tax agencies match information they receive with amounts reported on your tax return(s). A negligence penalty may be assessed when income is underreported or when deductions are overstated.

Therefore, all tax documents you received, should receive, or may not have received will or may be reported to the federal and state tax agencies as required by law.

Not receiving these tax documents does not exempt you from reporting those items on your tax return, if required.
Failure to report all taxable income may result in penalties and interest, even if you didn't receive a tax document from the payer.

You are expected to keep record of all payments received and all deductions claimed. Lack of documentation to support deductions claimed may result in substantial penalties and interest.

The following forms are typically received or prepared by or for taxpayers. Please provide us a copy of the documents you received.

Financial Statements (Income Statement, Balance Sheet, etc) - Business Clients Only
W-2 (Wages)
1095-A (Health Insurance Marketplace Stmt)
1099-R (Retirement)
1099-INT(Interest)
1099-DIV (Dividends)
1099-B (Brokerage Sales)
1099-MISC (Rents, etc)
1099 (ALL Form types not listed)
1098-T (Education)
1098 – Mortgage Interest
Sales/Purchases
Schedules K-1 : Forms 1065, 1120S, 1041
Annual Brokerage Statements
Form HUD-1 for Real Estate
8886, Reportable transactions
Other Tax Information Statements and Documents

Our request for additional supporting documentation is primarily based on IRS Circular 230 that requires tax practitioners to obtain reasonable and sufficient information when preparing tax returns.

If an extension of time is required, any tax due must be paid with that extension. An extension of time is NOT an extension to pay taxes due. Any taxes not paid by the original filing deadline may be subject to late payment penalties and interest.

The purpose of this disclosure is to inform you of the impact of reporting information on your tax return.
It is not intended to serve or provide you with the entire tax laws of federal and state tax agencies.

Please keep copies of all your records for at least 7 years. Electronic or paper form is acceptable. We recommend electronic form as the most efficient method to retrieve data, as well as preserve data integrity.

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General Information

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DO NOT ENTER SSN IF WE HAVE ON FILE.

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number		
Date of Birth		
Check which phone number to list on return.		
Home Phone	☐	☐
Work Phone	☐	☐
Cell Phone	☐	☐
Legally Blind	☐	☐
Totally Disabled	☐	☐
Claimed as a Dependent	☐	☐
Presidential Election Fund ($3)	☐	☐
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
If Part Year, Period of Residency	________ to ________	________ to ________

Address

Street ________________ Apt/Suite ________

City ________________ State ________ Zip Code ________

Filing Status

Status as of 12/31 :

Check One Box:

☐ Single

☐ Head of Household

☐ Married filing joint

☐ Married filing separately

☐ Qualifying widow(er) with minor child

Year spouse died ________

Bank Information

	Routing Number	Account Number	Type
Acct#1			Checking ☐ Savings ☐
Acct#2			Checking ☐ Savings ☐

How did you hear about us? ________________

1300A E. Atlantic Blvd
Pompano Beach, FL 33060
(T) 954.906.3924 (F) 954.228.7630
www.pricedean.com tax@pricedean.com

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ITEMS NEEDED FOR TAX PREPARATION:

*Items with an * are required.*

- ☐ Government issued ID*
- ☐ Social Security Cards*
- ☐ Copy of Prior Year Return*
- ☐ W2s
- ☐ 1099s
- ☐ Other Income Documents (Received or Expected)
- ☐ Financial Statements (Business Only: Income and Balance Sheet statements)
- ☐ Mortgage Statements
- ☐ Student Loan Interest Statements
- ☐ Education Tuition Statements
- ☐ Medical Expenses
- ☐ Health Insurance Form 1095* (Expires after 2018)

Dependents

Dep #	First Name	MI	Last Name	SSN	Relation	# Months lived in home	% Support You Provided	Check if did not live with you	BirthDate	Check if US Citizen or Resident	Student 19-23 or disabled	Check if tuition expense	Check to NOT claim this year	Check if child born and died last year and had no SSN
								☐		☐	☐	☐	☐	☐
								☐		☐	☐	☐	☐	☐
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								☐		☐	☐	☐	☐	☐
								☐		☐	☐	☐	☐	☐

******Please provide copies of ALL Dependents Social Security cards and ID cards, if applicable.******

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Questions

Please answer the following questions. If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, type in details in Comments.

COMMENTS

N/A Yes No

BASIC INFORMATION

☐ ☐ ☐ 1. Did your marital status change since last year?
☐ ☐ ☐ 2. Are there any changes in your dependents from last year?
☐ ☐ ☐ 3. Did you have any children under 19 (or 24 if a full time student) who received income?
☐ ☐ ☐ 4. Are all your dependents either US residents or citizens?
☐ ☐ ☐ 5. Did you provide over half of the support for someone you aren't claiming as a dependent?
☐ ☐ ☐ 6. Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
☐ ☐ ☐ 7. Were either you or your spouse in the military or National Guard?
☐ ☐ ☐ 8. Did you purchase or sell your principal residence?
☐ ☐ ☐ 9. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
☐ ☐ ☐ 10. Were there any changes to a prior year's income, deductions, or credits?
☐ ☐ ☐ 11. Did you have health insurance for all 12 months of the tax year?
a) If not, enter reason why or number of months you had insurance.
b) Did you receive waiver from Healthcare Marketplace to not buy insurance?
☐ ☐ ☐ 12. Did you receive form 1095-A for Health Insurance Premiums?
☐ ☐ ☐ 13. Did you file Form 8839, Adoption Credit, in a previous year?
☐ ☐ ☐ 14. Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
☐ ☐ ☐ 15. Do you want to e-file your return?
☐ ☐ ☐ 16. If you are due a refund, how do you want to receive it?
☐ Direct deposit (provide voided check or enter info on General Information page)
☐ Check sent to you in the mail
☐ Other quick refund via a bank product
☐ Apply to next year's taxes

☐ ☐ ☐ 17. If you owe taxes, how do you want to pay them?
☐ Paper check sent with my return
☐ Direct debit from my bank account (bank info from General Info page will be used)
☐ Installment Agreement (I will contact IRS or request your firm to setup for a fee.)
☐ Credit card

☐ **N/A**

EARNED INCOME CREDIT (EIC) - $55,952 OR LESS INCOME

☐ ☐ ☐ 1. If you are married, are you filing married filing joint or married filing separately? (Enter J or S in Comments)
☐ ☐ ☐ 2. Were you (or your spouse) a nonresident alien for any part of the tax year?
☐ ☐ ☐ 3. Are the dependent children unmarried at the end of the tax year? If no, list the names of the above children that are married.
☐ ☐ ☐ 4. Did the dependent children live in the United States for over half of the tax year?
☐ ☐ ☐ 5. Do you know of any other person that could file the child(ren) as a qualifying child on his or her own tax return? If yes, enter the name of the child and their relationship to the child.
☐ ☐ ☐ 6. Please provide the child(ren)'s Social Security card to confirm that their SSN allows him or her to work, or is valid for EIC / Childcare Credit purposes. List names of children whose Social Security card is not available
☐ ☐ ☐ 7. EIC: Do you have any of the following documentation to support the qualifying child status of any of your dependents?
☐ *School, medical, childcare provider, and/or social services records.*
☐ *Landlord/property management statement*
☐ *Placement organization statement*
☐ *Place of worship statement*
If so, please provide us with a copy, or initial here that you have these records: ________
☐ ☐ ☐ 8. If the qualifying child(ren) is not your child, why aren't the parents claiming the child(ren)?
☐ ☐ ☐ 9. Is your child(ren) disabled? If applicable, do you have medical records, or health provider statements documenting the qualifying child(ren)'s disability? If so, please provide us with a copy, or initial here that you have these records:

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Questions

Please answer the following questions. If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, type in details in Comments.

COMMENTS

N/A Yes No

INCOME

☐ ☐ ☐ 1. Did you receive all of your W2s? If so, how many? (please indicate quantity to the right.)
☐ ☐ ☐ 2. Do you have any foreign banking or income relationships?
☐ ☐ ☐ 3. Did you provide services or sell goods for income?
☐ ☐ ☐ 4. Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized tax year you are filing? (If yes, attach Form 1099-G)
☐ ☐ ☐ 5. Did you receive disability income?
☐ ☐ ☐ 6. Did you receive any unemployment benefits?
☐ ☐ ☐ 7. Did you receive any distributions, convert, or rollover from a retirement plan?
☐ ☐ ☐ 8. Did you receive Social Security benefits?
☐ ☐ ☐ 9. Did you receive any income not reported in this Organizer?

☐ N/A

BUSINESS AND RENTAL PROPERTY INCOME (FILL OUT BUSINESS ACTIVITY SECTION)

☐ ☐ ☐ 1. If you own rental property, do you qualify as a Real Estate Professional?
☐ ☐ ☐ 2. Do you own interests in a business?
☐ ☐ ☐ 3. Did you sell any part of an existing business, or sell business assets?
☐ ☐ ☐ 4. Did you cease operating any business or rental property?
☐ ☐ ☐ 5. Did you remove any of your business assets for personal use?

☐ N/A

BUSINESS AND RENTAL PROPERTY DEDUCTIONS (FILL OUT BUSINESS ACTIVITY SECTION)

☐ ☐ ☐ 1. Did you use part of your home for business purposes?
☐ ☐ ☐ 2. Did you make any contributions to a Keogh or a self-employed SEP plan?
☐ ☐ ☐ 3. Do you pay for any health or long term care insurance through your business?
☐ ☐ ☐ 4. If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐ ☐ ☐ 5. Did you purchase any furniture or equipment for your business?

☐ N/A

OTHER DEDUCTIONS

☐ ☐ ☐ 1. Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA?
☐ ☐ ☐ 2. Did you make any contributions to HSA (Health Savings Account)?
☐ ☐ ☐ 3. Did you incur unreimbursed expenses for your job including car use?
☐ ☐ ☐ 4. Did you incur any qualified educator expenses?
☐ ☐ ☐ 5. Did you pay expenses for the care of your child or other dependent so you could work?
☐ ☐ ☐ 6. Did you lose property or have damage to a property due to a casualty, theft, or condemnation?
☐ ☐ ☐ 7. Did you purchase a 'clean fuel' or electric hybrid vehicle?
☐ ☐ ☐ 8. Did you incur moving expenses during the year due to a change of employment?
☐ ☐ ☐ 9. Did you pay any educational tuition or fees for you or a dependent?
☐ ☐ ☐ 10. Did you pay any student loan interest?
☐ ☐ ☐ 11. Did you make any federal or state estimated payments? If so, how much and when?
☐ ☐ ☐ 12. Did you make any energy efficient improvements to your main home?
☐ ☐ ☐ 13. Did you purchase a new motor vehicle and paid sales/excise tax?
☐ ☐ ☐ 14. Did you incur any business-related educational expenses?

TAXES PAID ☐ N/A

	FEDERAL		STATE	
	Amount Paid	Date Paid	Amount Paid	Date Paid
1st QTR				
2nd QTR				
3rd QTR				
4th QTR				

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☐ N/A **FOREIGN EARNED INCOME**

Foreign Country Working In: ______________________ Date began working in Foreign Country: __________

Date left foreign country to travel to U.S.	Date entered U.S.	Date left U.S.	Date arrived in foreign country	Business	Personal

☐ N/A **BUSINESS** (This worksheet to be used only for businesses with less than $50,000 in expenses. All other must provide a Profit & Loss statement*.)

Business Activity: __________ *Business Name:* __________ *Product/Service Sold:* __________ *Ownership%:* __________

INCOME

Gross Receipts __________

EXPENSES

Business Miles Traveled: Jan - Jun: __________

Business Miles Traveled: Jul - Dec: __________

Wages		Bus. Lic	
Payroll Tax		Bus. Tax	
Contractors		Rent	
Insurance		Office	
Professional Fees		Vehicle	
Telephone		Travel	
Computer		Meals	
Equipment		Util.	
Furniture		Supplies	

ASSETS PURCHASED/DISPOSED (Furniture, Equipment, Vehicles, Buildings, Leasehold Improvements, etc)

Purchase/Dispose Date	Cost	Description

**Add'l documents may be requested to support the amounts entered above per IRS guidelines.*

PLEASE NOTE: ENTERTAINMENT EXPENSES ARE NO LONGER DEDUCTIBLE UNDER CURRENT TAX LAW.

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Comments

******Please enter any additional information that may help us in preparing your tax return..******

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